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## **COVER LETTER**

TO: Registration Se Division of Con		P			
LIME-CYC	CLE, LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ABEL A. PUTNAM, ESQ.				
		Name of Person			
	PUTNAM, CREIGHTON	& AIRTH, PA			
		Firm/Company			
	PO BOX 3545				
		Address	. <u> </u>		
	LAKELAND, FL 33802				
		City/State and Zip Code			
	AAP@PUTNAMPA.COM		<del> </del>	<b>5</b> 3	-
		o be used for future annual report notifi	cation)	ر 29	•
For further information of	concerning this matter, please co	all:		) JAN 31	· · ·
ABEL A. PUTNAM		863 682-1178 at ()			
Name (	of Person	Area Code Daytime	Telephone Number	Ŧ	-: ನ್ - ಲ್ಯಾ
				9: 06	N N I
Enclosed is a check for t	he following amount:			41	- <u>0</u> -5
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec Certificate of Sta Certified Copy (additional copy is en	tus &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIME-CYCLE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JANUARY 14, 2020 \_\_ and assigned Florida document number [L20000020993 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WHIZ CYCLE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Aðd
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		<b>8</b> 14-7-7-1-1-1	□Change
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, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: H	e date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1.
Dated _	1/26 .2020
	Signature of a member or authorized representative of a member
	RACHEL R. SHORT, MANAGER
	Typed or printed name of signee

Filing Fee: \$25.00